

<b>Case Number:</b>	CM14-0154836		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 27 year-old construction laborer sustained an injury on 12/12/12 while employed by [REDACTED]. Request(s) under consideration include Tramadol ER 100mg #18 and Gabapentin 300mg #60. Diagnoses include lumbar disc displacement without myelopathy. Conservative care has included medications, acupuncture (no lasting benefit), therapy (no lasting benefit), and modified activities/ rest. Medications list Tramadol, Gabapentin, and Trazodone. Peer review of 7/23/14 had previous deemed as being not medically necessary for medication requests prescribed since at least 12/18/13. Report of 9/25/13 from the provider noted patient with low back pain radiating to right lower extremity rated at 7/10 with spasm, weakness, and numbness; noted no change from last month. Exam showed lumbar spine with limited range in flex/ext of 60/15 degrees; tenderness to palpation over bilateral lumbar paraspinal muscles with spasm; negative facet loading with positive SLR on right (no degree specified). Treatment included conservative care with patient remaining TTD. UDS report of 9/22/14 noted inconsistent findings of negative results for prescribed Tramadol and Gabapentin. Ortho spine report of 9/8/14 from the specialist noted the patient with ongoing chronic low back symptoms without benefit from previous PT and acupuncture treatment. Exam showed normal gait; limited lumbar range; normal DTRs; diffuse motor weakness in right lower extremity with difficulty if weakness was objective or pain related; SLR difficult secondary to pain; paradoxical findings; and Tender midline. Diagnoses included chronic persistent low back syndrome; lumbar strain; L5-S1 DDD with annular tear on bulge; reactive depression; and possible somatization disorder. No surgery was recommended as the patient was noted to be a suboptimal surgical candidate with some secondary gain issues. The request(s) for Tramadol ER 100mg #18 and Gabapentin 300mg #60 were not medically necessary on 9/17/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tramadol ER 100mg #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** This 27 year-old construction laborer sustained an injury on 12/12/12 while employed by [REDACTED]. Request(s) under consideration include Tramadol ER 100mg #18 and Gabapentin 300mg #60. Diagnoses include lumbar disc displacement without myelopathy. Conservative care has included medications, acupuncture (no lasting benefit), therapy (no lasting benefit), and modified activities/ rest. Medications list Tramadol, Gabapentin, and Trazodone. Peer review of 7/23/14 had previously deemed the request not medically necessary for medication requests prescribed since at least 12/18/13. Report of 9/25/13 from the provider noted patient with low back pain radiating to right lower extremity rated at 7/10 with spasm, weakness, and numbness; noted no change from last month. Exam showed lumbar spine with limited range in flex/ext of 60/15 degrees; tenderness to palpation over bilateral lumbar paraspinal muscles with spasm; negative facet loading with positive SLR on right (no degree specified). Treatment included conservative care with patient remaining TTD. UDS report of 9/22/14 noted inconsistent findings of negative results for prescribed Tramadol and Gabapentin. Ortho spine report of 9/8/14 from the specialist noted the patient with ongoing chronic low back symptoms without benefit from previous PT and acupuncture treatment. Exam showed normal gait; limited lumbar range; normal DTRs; diffuse motor weakness in right lower extremity with difficulty if weakness was objective or pain related; SLR difficult secondary to pain; paradoxical findings; and Tender midline. Diagnoses included chronic persistent low back syndrome; lumbar strain; L5-S1 DDD with annular tear on bulge; reactive depression; and possible somatization disorder. No surgery was recommended as the patient was noted to be a suboptimal surgical candidate with some secondary gain issues. The request(s) for Tramadol ER 100mg #18 and Gabapentin 300mg #60 were not medically necessary on 9/17/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening negative for prescribed opiate and gabapentin on UDS of 9/22/14; however, no adjustment was made by the provider regarding the aberrant drug behavior. The MTUS provides requirements of the treating physician to assess and document for

functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol ER 100mg #18 is not medically necessary and appropriate.

**Gabapentin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AED).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** This 27 year-old construction laborer sustained an injury on 12/12/12 while employed by [REDACTED]. Request(s) under consideration include Tramadol ER 100mg #18 and Gabapentin 300mg #60. Diagnoses include lumbar disc displacement without myelopathy. Conservative care has included medications, acupuncture (no lasting benefit), therapy (no lasting benefit), and modified activities/ rest. Medications list Tramadol, Gabapentin, and Trazodone. Peer review of 7/23/14 had previously deemed the request not medically necessary for medication requests prescribed since at least 12/18/13. Report of 9/25/13 from the provider noted patient with low back pain radiating to right lower extremity rated at 7/10 with spasm, weakness, and numbness; noted no change from last month. Exam showed lumbar spine with limited range in flex/ext of 60/15 degrees; tenderness to palpation over bilateral lumbar paraspinal muscles with spasm; negative facet loading with positive SLR on right (no degree specified). Treatment included conservative care with patient remaining TTD. UDS report of 9/22/14 noted inconsistent findings of negative results for prescribed Tramadol and Gabapentin. Ortho spine report of 9/8/14 from the specialist noted the patient with ongoing chronic low back symptoms without benefit from previous PT and acupuncture treatment. Exam showed normal gait; limited lumbar range; normal DTRs; diffuse motor weakness in right lower extremity with difficulty if weakness was objective or pain related; SLR difficult secondary to pain; paradoxical findings; and Tender midline. Diagnoses included chronic persistent low back syndrome; lumbar strain; L5-S1 DDD with annular tear on bulge; reactive depression; and possible somatization disorder. No surgery was recommended as the patient was noted to be a suboptimal surgical candidate with some secondary gain issues. The request(s) for Tramadol ER 100mg #18 and Gabapentin 300mg #60 were not medically necessary on 9/17/14. Although Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered since at least December 2013 nor is there specific diagnoses of neuropathic pain. Previous treatment with Gabapentin at suboptimal dosing has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300mg #60 is not medically necessary and appropriate.